



BAGDAD ARCHITECTURAL ADVISORY BOARD

Santa Rosa County Community Planning, Zoning & Development Division
6051 Old Bagdad Highway
Milton, FL 32583

Phone: (850) 981-7075 Fax: (850) 983-9874

E-Mail: planning@co.santa-rosa.fl.us

Website: www.santa-rosa.fl.gov

Instructions:

1. Submit photos of existing conditions.
2. Provide seven (7) copies of plans (drawings or sketches) with all four (4) elevations to show the architectural design of the building (both before and after the proposed work is done in the case of altering, renovating, demolishing or razing a building or structure), including proposed materials, textures and colors,
3. Provide seven (7) copies of the site plan (plot plan or site layout) drawn to scale showing all site improvements or features such as building setbacks, location of existing trees, existing and proposed building layout, parking, fences, accessory buildings, signs, and lights. Provide material samples and/or specifications.
4. If you are a contractor or other representative submitting for review, please provide written approval from the owner.
5. The applicant, or his representative, is required to attend the Bagdad Architectural Advisory Board meeting at which his request will be heard.

**** FOR OFFICIAL USE ONLY ****

Application No. ____-BHAAB-____	Date Received: __ __/ __ __/ __ __
FEE: \$50.00 & \$10.00 for each protected tree	Receipt: _____ Zone: _____

Owner's Name: _____

Owner's Complete Mailing Address: _____

Owner's Telephone Number (_____) _____

Parcel Identification Number: __ __ - __ __ - __ __ - __ __ - __ __ - __ __

Site Address and Driving Directions: _____

Type of Project:

____REPAIRS ____REHABILITON ____ADDITION ____NEW CONSTRUCTION

____DEMOLITION ____TREE REMOVAL (\$10.00 EA) ____OTHER

Project Details:

Roof Pitch: _____ Type Roofing Material: _____

Siding Proposed: _____ /Color: _____

Size and Style of Front Porch Columns: _____

Foundation Offgrade or Ongrade: _____ Height of foundation from grade: _____

Type Skirting: _____ /Color: _____

Window Style: _____ Type Windows: _____

Shutter Style: _____ /Color: _____

Fence Type: _____ Height: _____ Location: _____

Type Trees to be Removed and Number:

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